

PLUMBING APPLICATION



PERMIT # _____ DATE: _____

PARENT PERMIT # _____

PROJECT ADDRESS: _____

SUBDIVISION: _____ PHASE: _____ LOT: _____ BLOCK: _____

APPLICANT/CONTRACTOR: _____ PHONE: _____

MASTER PLUMBER LICENSE #: _____ EXPIRATION DATE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OWNER OF PROPERTY: _____ PHONE : _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF WORK: _____ COST OF CONSTRUCTION: \$ _____

TEMPORARY CUT-IN REQUIRED ☐ Y ☐ N RESIDENTIAL _____ COMMERCIAL _____ GAS PROVIDER _____

TEMPORARY GAS PERMITS ARE IN FORCE FOR 90 DAYS ONLY. ALL OTHER PLUMBING PERMITS ARE IN FORCE FOR 180 DAYS. PERMIT WILL EXPIRE IF WORK HAS NOT COMMENCED WITHIN 90 DAYS FOR TEMPORARY GAS PERMITS AND FOR ALL OTHER PLUMBING PERMITS WITHIN 180 DAYS OF THE ISSUANCE OF THIS PERMIT. A NEW PERMIT WILL BE REQUIRED AND A NEW FEE WILL BE APPLIED IF ISSUED PERMIT EXPIRES.

THE GRANTING OF A BUILDING PERMIT DOES NOT CONSTITUTE A DETERMINATION THAT THE PROPOSED CONSTRUCTION WILL OR WILL NOT VIOLATE ANY DEED RESTRICTIONS OR COVENANTS APPLICABLE TO THE PROPERTY UPON WHICH THE CONSTRUCTION TAKES PLACE, NOR DOES IT AUTHORIZE ANY SUCH VIOLATION. _____ (Print Name) AS OWNER OR AS AGENT FOR THE OWNER, HEREBY CERTIFY THAT I HAVE REVIEWED ALL THE COVENANTS AND RESTRICTIONS APPLICABLE TO THE ABOVE PROPERTY. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS OF THIS NOTICE.

SIGNATURE: _____ Date: _____

PLUMBING PERMIT FEE SCHEDULE:

PER SQUARE FEET OF ALL AREA COVERED BY ROOF(RESIDENTIAL NEW CONSTRUCTION).....	\$.02
PER SQUARE FEET OF ALL AREA COVERED BY ROOF(COMMERCIAL NEW CONSTRUCTION).....	\$.03
MINIMUM PLUMBING PERMIT FEE RESIDENTIAL.....	\$ 50.00
MINIMUM PLUMBING PERMIT FEE COMMERCIAL.....	\$100.00
TEMPORARY CUT-IN GAS RESIDENTIAL.....	\$ 50.00
TEMPORARY CUT-IN GAS COMMERCIAL.....	\$100.00

*******BUILDING DEPARTMENT ONLY*******

APPROVAL: _____ APPROVAL DATE: _____ PLUMBING FEE: _____